

**BRAZOS COUNTY ATTORNEY'S OFFICE**  
**FAMILY VIOLENCE DIVISION**  
**QUESTIONNAIRE**

**YOU MUST GO TO COURT TO GET A PROTECTIVE ORDER. This questionnaire is NOT an application for a protective order. Completing this questionnaire does not mean you have a protective order nor does it mean a judge will grant a protective order. This questionnaire is used to determine if the County Attorney's Office will be able to represent you in a protective order proceeding.** If the County Attorney's Office can represent you in a protective order proceeding, you will have to meet with an Assistant County Attorney to prepare your application and affidavit. You will have to go to court approximately two weeks later. The information that you provide in this questionnaire is for the use of the Brazos County Attorney's Office only and will be kept confidential unless we are required by law to release or report any information.

This office receives federal grant funds, so it is necessary to request some statistical information from you. This information is used only to prepare reports to show compliance with federal nondiscrimination requirements. This information has no bearing on whether or not you qualify for services through this office.

Today's date: \_\_\_\_\_

Your name: \_\_\_\_\_ ( \_\_\_\_\_ )  
First Middle Last Other last names you have used

Your race or ethnicity: ☐White ☐African American ☐Asian American ☐Pacific Islander  
☐Hispanic ☐Native American ☐Other - specify: \_\_\_\_\_

Sex: ☐Male ☐Female

Your age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Do you have any handicaps or disabilities? ☐Yes ☐No - If yes, what is the nature of your handicap or disability?

☐Visual impairment ☐Hearing impairment ☐Mobility or functional impairment  
☐Emotional or mental disorders ☐Cardiac and circulatory diseases ☐Respiratory diseases

☐Other physical handicap or disabling condition - please specify: \_\_\_\_\_

Name of person you want a protective order against:  
\_\_\_\_\_

What is your relationship to this person? (Check ONLY one.)

☐Married - living together ☐Married - not living together ☐Divorced ☐Living together - not married  
☐Used to live together - never married ☐Related by blood ☐Related by marriage  
☐Biological parents of the same child ☐Dating or used to date ☐Other - please specify:  
\_\_\_\_\_

How did you find out about this office?

- ☐ Law enforcement agency - please specify: \_\_\_\_\_
- ☐ Judge or justice of the peace      ☐ Mental health services      ☐ Medical services
- ☐ Social service agency - please specify: \_\_\_\_\_
- ☐ Other - please specify: \_\_\_\_\_

## PROTECTIVE ORDERS

A protective order is a civil court order that tells the person you are complaining against not to commit any further acts of violence against you. The County Attorney's Office does not issue protective orders. Only a County or District court judge can grant a protective order. What this office can do is prepare and file your application for a protective order and represent you in court.

A protective order takes at least two weeks to obtain and requires at least one appointment in our office and at least one court appearance. **You must be willing to make a time commitment.**

Before a judge will grant a protective order, you must show that family violence or dating violence has occurred and that family violence or dating violence is likely to occur in the future. Family violence or dating violence is defined as an act intended to result in physical harm, bodily injury, assault, or sexual assault or a threat that places you in reasonable fear of imminent physical harm, bodily injury, assault, or sexual assault. When you go to court, you must be able to show that the person you want the order against has recently committed more than one act of physical violence against you or made threats to physically harm you.

You must also show that you and the person you want the order against meet one of the following relationships: 1) related by blood; 2) related by marriage; 3) have been married; 4) have lived together; 5) have had a child together; 6) have had a dating relationship.

You **must** provide an address where the person can be found during the day. To get a protective order that person **must** receive personal notification of your application for a protective order.

**If you are married to the person, and you are currently going through a divorce, you should talk to your divorce attorney about getting a protective order as part of your divorce.**

After your application for a protective order is prepared and filed, you must go to court. If the judge decides to grant the protective order on the day you go to court, the person you are complaining against may be ordered **NOT** to:

1. Commit any acts of violence against you;
2. Communicate directly with you in a threatening or harassing manner;
3. Go within a specified distance of your home or place of employment;
4. Possess a firearm.

**This office DOES NOT get involved with CUSTODY or VISITATION or CHILD SUPPORT matters or PROPERTY disputes.** If custody or property issues are important to you, you may want to consult a private attorney who can help you get custody of your children and possession of property in addition to obtaining a protective order.

After the court hearing, if the judge grants the protective order, your local police or sheriff's department will be sent a copy of the order. If the person complained against commits any of the prohibited acts, criminal charges can be filed if there is sufficient proof of a violation. The maximum punishment that a violator can but not necessarily will receive is one (1) year in jail or a \$4000.00 fine or a combination of the two.

**IF YOU WISH TO OBTAIN A PROTECTIVE ORDER AND YOU MEET THE RELATIONSHIP REQUIREMENT AND FAMILY VIOLENCE HAS OCCURRED, PLEASE COMPLETE THE REST OF THIS PROTECTIVE ORDER QUESTIONNAIRE. OTHERWISE, PLEASE RETURN THIS FORM TO THE FRONT DESK.**

The cost to Brazos County for the legal work in pursuing this action is much greater than the filing fee of \$36.00 and the Court may, by its orders, charge these fees against the Respondent.

You will be required to come to court and failure to appear for a hearing will result in this application being dismissed. You will be responsible for contacting The County Attorney's Office to determine when the case is set for a hearing. At the hearing the respondent can agree to the Order, which will make testifying at the hearing unnecessary. Both you and the Respondent will be bound by the terms of the Agreement, or any other Order entered as a result of the filing of this suit.

Once a Protective Order has been signed the County Attorney's Office will not represent you in any proceeding to vacate the order. If you desire, the final protective order can be drafted to just, prohibit the respondent from committing further violence and requiring him to participate in the Brazos Abuse Intervention Program, a 24 week program designed to prevent further violence.

The County Attorney's Office will attempt to obtain a Protective Order for your protection. Once the Final Protective Order has been issued our representation of you with the respect of changing, modifying or dismissing the Protective Order will end. **OUR OFFICE WILL NOT ATTEMPT TO DISMISS ANY PROTECTIVE ORDER.** Should circumstances change requiring alteration or termination of the Protective Order, you will be responsible for changing or terminating the order.

A protective order is **not** a criminal charge. Criminal acts must be reported to a law enforcement agency in order to be prosecuted. If you have suffered personal injury as a result of a criminal act, you may qualify for crime victims compensation benefits. To be eligible for consideration, you must report the crime to law enforcement within a reasonable period of time, but not so late as to interfere with or hamper the investigation and prosecution of the crime. For more information you may contact the victim assistance liaison at the appropriate law enforcement agency.

It is the policy of the County Attorney that all services and activities of the office are accessible to all qualified persons without regard to disability. If you have a disability that will require an accommodation, please call the Family Violence Division at 979-361-4657 as far in advance as possible. Persons who are hearing impaired and need information may call through Relay Texas at TDD 1-800-735-7989.

## SECTION I

Your name: \_\_\_\_\_ (\_\_\_\_\_)  
First Middle Last (Maiden, if applicable)

Home Address: \_\_\_\_\_  
Street Address Apartment No.  
\_\_\_\_\_  
City State Zip Code

Home Phone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_ Pager No. \_\_\_\_\_

Does the abuser know where you live? ☐ Yes ☐ No

**Do you live with any other adult(s) at this address?** ☐ Yes ☐ No

If yes, name(s) of person(s) and relationship to you, e.g., current spouse, roommate, relative.

**Relative or friend** (not living with you) who will always be able to locate you:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Street Address Apartment No.

City State Zip Code

Home Phone Business Phone

**If you want mail sent somewhere other than your home address, please give that address.**

Mailing Address: \_\_\_\_\_  
Street Address Apartment No.

City State Zip Code

Whose address? Phone Number

What is your current occupation?

- ☐ Homemaker ☐ Unskilled labor ☐ Skilled labor ☐ Clerical  
☐ Professional/managerial ☐ Retired ☐ Student ☐ Active military  
☐ Other - please specify: \_\_\_\_\_

If you are currently employed or attending school, please complete the following:

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Employer / School

Phone No.

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Street Address

City

State

Zip Code

Days and hours that you work / attend class: \_\_\_\_\_

Does the abuser know where you work / attend school? ☐Yes ☐No

Where are you staying now?

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Street Address

Apartment No.

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City

State

Zip Code

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Whose address?

Phone No.

Does the abuser know where you are staying now? ☐Yes ☐No

## SECTION II

Please provide information about your minor children:

Child's Name

Age and Date of Birth

Male/Female

☐M ☐F

☐M ☐F

☐M ☐F

☐M ☐F

☐M ☐F

☐M ☐F

Do any of your children have any handicaps or disabilities? ☐Yes ☐No

- If yes, please indicate type of handicap or disability after that child's name.

Is the abuser the parent of any of these children? ☐Yes ☐No If yes, which children?

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Is there a divorce decree, child support order, or any other court order that affects any of your children, **even if the abuser is not the parent**? ☐Yes ☐No

- If yes, the Protective Order Unit will need certified copies of any such orders.

### SECTION III

If you were ever married to the abuser, where and when were you married?

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Place	Date
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Have either you or your spouse filed for divorce? ☐Yes ☐No

- If yes, when? What state and county? \_\_\_\_\_

If you are divorced from the abuser:

- When was your divorce final? \_\_\_\_\_

- **The Protective Order Unit will need a certified copy of your divorce decree.**

When did you meet this person? \_\_\_\_\_

If you were never married to this person or lived with this person or had a child with this person, did you ever date this person? ☐Yes ☐No

When did you start dating this person? \_\_\_\_\_

When did you stop dating this person? \_\_\_\_\_

Did you ever live with this person? ☐Yes ☐No

- If yes, when did you begin living with this person?

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When did you stop living with this person? \_\_\_\_\_

While you were living together, did you ever separate from this person? ☐Yes ☐No

- If yes, how many times? \_\_\_\_\_ For how long? \_\_\_\_\_

Have you ever applied for a protective order against this person before? ☐Yes ☐No

Have you ever been granted a protective order against this person before? ☐Yes ☐No

- **If yes, the Family Violence Division will need a certified copy of the protective order.**

Do you have an emergency protective order? ☐Yes ☐No

Has anyone ever applied for or gotten a protective order against you? ☐Yes ☐No

- If yes, please briefly explain:

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### SECTION IV

If you need additional space to answer any questions in this section, please use back of page.

When was the **LAST** time this person abused you? Date: \_\_\_\_\_

**A. What kind of verbal or emotional abuse occurred this last time?**

☐Threatened to harm or kill you, family, or friends ☐Intimidated you through actions, facial expression, or tone of voice ☐Insulted, humiliated, degraded you ☐Controlled where you go, who

you see or talk to, etc.    ☐ Discounted your accomplishments or strengths    ☐ Made you ask for money and/or explain how your money was spent    ☐ Treated you like a slave or servant; demanded to be waited on    ☐ Insisted on final say in all decisions    ☐ Threatened to harm or kill self    ☐ Threatened to take children away    ☐ Destroyed personal property    ☐ Other - please specify: \_\_\_\_\_

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**B. What kind of physical abuse occurred this last time?**

☐ Slapped    ☐ Kicked    ☐ Burned    ☐ Punched    ☐ Choked    ☐ Bit you    ☐ Confined or held against your will    ☐ Used weapon or object    ☐ Shoved/threw you around    ☐ Threw things at you  
☐ Pulled your hair    ☐ Prevented you from getting health care or taking medication

☐ Other - please specify: \_\_\_\_\_

Did this person use any weapons or objects? ☐ Yes    ☐ No What kind? \_\_\_\_\_

**C. Did sexual abuse occur this last time?** ☐ Yes    ☐ No

If yes please describe: \_\_\_\_\_

Were you injured **this LAST time**? ☐ Yes    ☐ No

☐ Bruises    ☐ Cuts    ☐ Sprains or dislocated joints    ☐ Broken bones    ☐ Head injuries, knots, or concussion    ☐ Teeth knocked out or broken    ☐ Burns    ☐ Internal bleeding or pain    ☐ Miscarriage  
☐ Other - please specify: \_\_\_\_\_

Were the police called? ☐ Yes    ☐ No If yes, what police department? \_\_\_\_\_

What actions were taken by the police? \_\_\_\_\_

Report number: \_\_\_\_\_

**Has this person abused you on any other occasions?** ☐ Yes    ☐ No

**SECTION V**

Have you ever hit, slapped, pushed, bitten, kicked, spit at, or otherwise physically hurt, threatened, or used a weapon against this person? ☐ Yes    ☐ No If yes, please explain: \_\_\_\_\_

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Have you ever been arrested, convicted, put on probation, or given a citation for an act you committed against **ANY PERSON**? ☐ Yes    ☐ No If yes, please explain: \_\_\_\_\_

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Have you ever received any kind of health care because of abuse in this relationship? ☐ Yes    ☐ No

If yes, please specify: \_\_\_\_\_

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☐Emergency room   ☐Hospitalization   ☐Doctor's care   ☐Dental care   ☐Counseling or psychotherapy

If you are female, are you now pregnant? (Check one.)   ☐Yes   ☐No   ☐Maybe/don't know

If you are female, has this person ever abused you while you were pregnant?   ☐Yes   ☐No

The statements you have made in this application or to the Judge are sworn. The Texas Penal Code makes it a third degree felony offense to knowingly or intentionally make a false statement about material facts in an official proceeding.

I, the undersigned, state under oath that I am the Applicant in this proceeding, that I have personal knowledge of the facts and allegations stated in it, and they are true and correct to the best of my knowledge and belief. I understand the consequences of falsifying any information, or for bringing this suit for any reason other than for me or my families protection. I will cooperate with the Brazos County Attorney’s Office and all other agencies assisting me in this action.

\_\_\_\_\_  
APPLICANT

SUBSCRIBED AND SWORN TO BEFORE ME, the undersigned Notary Public on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the  
STATE OF TEXAS

<p><b>Do NOT write in this space. For Protective Order Unit use only.</b></p> <p><input type="checkbox"/>Acceptable I. D.      DL/ID #: _____ EXP. DATE: _____</p> <p><input type="checkbox"/>CONFLICT   <input type="checkbox"/>ACCESS   <input type="checkbox"/>CPS</p> <p><input type="checkbox"/>ACCEPTED   <input type="checkbox"/>DENIED</p> <p>REASON:</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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